

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12194

## 1. PLACE OF DEATH

County Somersett

(118)

Registration Dist. No. 260Village or City Princess Anne

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Orpha Jane Barker(a) Residence: No. Princess Anne, Md. Ward. (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female Mile

4. COLOR OR RACE

Married5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

6a. If married, widowed, or divorced

Husband  
(or) WIFE ofFreemant Barker

6. DATE OF BIRTH (month, day, and year)

Feb. 1891, 1863

7. AGE

Years 68Months 6Days 16If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Linnea, Wayne Co.  
New York

FATHER

13. NAME William Lambert14. BIRTHPLACE (city or town)  
(State or country)

New York

MOTHER

15. MAIDEN NAME Lycelia Kingsley16. BIRTHPLACE (city or town)  
(State or country)

Mass.

17. INFORMANT Mrs. J. G. Graham  
(Address) 250 S. St. Padlock St.18. BURIAL, CREMATION, OR REMOVAL  
Place Tumblin Cem. Date Oct. 7, 193119. UNDERTAKER E. O. Wilson  
(Address) Princess Anne, Md.20. FILED Oct. 7, 1931 J. F. Smith  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

est. 4th. 1931 /  
(Month) Day (Year)22. I HEREBY CERTIFY. That I attended deceased from  
Oct. 1, 1931 to Oct. 4, 1931  
I last saw her alive on Oct. 4, 1931; death is said  
to have occurred on the date stated above, at 5 P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Gastritis  
Date of onset  
6 days.

Other Contributory Causes of importance:

Myocardial FailureName of operation Never Date of 1931What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury 1931Where did injury occur? None

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) John B. Hall M.D.(Address) Princess Anne, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
County Somerset

Village or City CHANCE, MD. (No.)

2 FULL NAME James Beckett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M.</u>	4 COLOR OR RACE <u>B.</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	<u>Widower</u>
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6 DATE OF BIRTH Unknown, 1  
(Month) (Day) (Year)

7 AGE 75 yrs. mos. ds. or min.  
If LESS than  
1 day hrs.

8 OCCUPATION  
 (a) Trade, profession or  
particular kind of work General Laborer  
 (b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE  
(State or country) CHANCE, MD.

10 NAME OF  
FATHER Samuel Beckett

11 BIRTHPLACE  
OF FATHER  
(State or country) CHANCE, MD.

12 MAIDEN NAME  
OF MOTHER

13 BIRTHPLACE  
OF MOTHER  
(State or Country) CHANCE, MD.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Rachel Wright

(Address) CHANCE, MD.

15 Filed 10/29 1931 Rose Webster  
Registrar

12185

STATE OF MARYLAND  
CERTIFICATE OF DEATH

(131)

Registration Dist. No. 268

St.: \_\_\_\_\_ Ward: \_\_\_\_\_ (If death occurred in  
a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH OCT 28 1931, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Oct 28 1931 to Oct 28 1931,  
that I last saw him alive on Oct 27 1931,  
and that death occurred on the date stated above, at 12:00 m.  
The CAUSE OF DEATH \* was as follows:

Gastric & Intestinal  
Inflammation  
(Duration) yrs. mos. ds.

Coronary disease  
(Duration) yrs. mos. ds.  
(Signed) P. P. Simmers M. D.  
(Address) CHANCE, MD.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Chance Md DATE OF BURIAL 10 - 30, 1931

20 UNDERTAKER Fred T. Webster & Sons Ltd ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia");

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symptomatology), "Atrophy," "Collapse," "Coma," "Convulsions," "Exhaustion," ("Congenital," "Senile," etc.), "Dropsy," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a<sup>1</sup> questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Maryland

12196

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 261

(131)

Village or City Maryland (No. ....)

St. \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Solomon Burnell Bellwood

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 COLOR OR RACE White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)MARRIED

## 6 DATE OF BIRTH

Jan 9, 1857  
(Month) (Day) (Year)

## 7 AGE

74 yrs. 4 mos. 10 ds. If LESS than  
1 day \_\_\_\_ hrs.  
or \_\_\_\_ min.?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Tanner  
 (b) General nature of industry business, or establishment in which employed or (employer) of

## 9 BIRTHPLACE

(State or country) Maryland

## 10 NAME OF FATHER

Solomon Lem Bellwood

## 11 BIRTHPLACE OF FATHER

MD  
(State or country)

## 12 MAIDEN NAME OF MOTHER

Susan Jane Shuckley

## 13 BIRTHPLACE OF MOTHER

Ind  
(State or Country)

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. Sol P. Bellwood(Address) Maryland Reg'd15 Filed 10/7/30 1931 Gwendolyn P. Dawson

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Oct 19, 1931

(Month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended the deceased from

Aug 1, 1931 to Oct 19, 1931, that I last saw him alive on Oct 15, 1931and that death occurred on the date stated above, at 20 m. The CAUSE OF DEATH \* was as follows:Acute del & heat

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory  
SecondaryChronic appendicitisChronic catarrhalitis (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.(Signed) George Baldwin M.D. M. D.Oct 19, 1931 (Address) Maryland Reg'd

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

## 19 PLACE OF BURIAL OR REMOVAL

Rehobeth MdDATE OF BURIAL  
10/21, 1931

## 20 UNDERTAKER

John G. Bradshaw Crisfield Md

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plunker*, *Physician*, *Carpenter*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "*Epidemic cerebro-spinal meningitis*"); *Diphtheria* (avoid use of "*Croup*"); *Typhoid fever* (never report "*Typhoid Pneumonia*"); *Lobar pneumonia*, *Bronchopneumonia* ("*Pneumonia*,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "*Cancer*" is less definite; avoid use of "*Tumor*" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anæmia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Conva.*," "*Convulsions*," "*Debility*" ("Congenital"), "*Senile*," etc.), "*Dropsey*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicæmia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "*contributory*." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12197

## 1. PLACE OF DEATH

County

Somerset

(130)

Registration Dist. No.

265

St.

Ward

Village or City

Crestfield

No. Miles Court

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

## 2. FULL NAME

(a) Residence: No.

Ida Elizabeth Cole

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept. 3, 1884

7. AGE

47

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

Thomas Brown

14. BIRTHPLACE (city or town)  
(State or country)

Baltimore, Md.

15. MAIDEN NAME

Caroline Brown

16. BIRTHPLACE (city or town)  
(State or country)

Fairmount, Md.

17. INFORMANT

(Address)

Lucy Miles  
416 St. Crestfield

18. BURIAL, CREMATION, OR REMOVAL

Place

Somerset County Oct 19, 1931

Date

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis —	3 days ago

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12188

## 1. PLACE OF DEATH

County Somerset  
Village or City Croftland

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

Registration Dist. No. 265

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)M Col. widow5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofMaria Collins

6. DATE OF BIRTH (month, day, end year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____.hrs. or _____.min.
	<u>about 69</u>			

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacramento Date Oct. 12, 193119. UNDERTAKER  
(Address)20. FILED Oct. 12, 1931 C. E. Collins

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct.8, 1931

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That attended deceased from not any ~~or attended for~~ several months, 1931; I last saw him alive on Oct. 12, 1931; death is said to have occurred on the date stated above, at 11:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Senile Dementia

Date of onset

Other Contributory Causes of Importance:

Mental Degeneration

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

, 1931

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

C. C. Ward  
Croftland

M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County

Somerset

12189

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 269

Village or City Moorie (No.)

97

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Rosie Etta Dashell

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female Colored

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Widow

6 DATE OF BIRTH

March 17, 1863.  
(Month) (Day) (Year)

7 AGE

68 yrs. 7 mos. 13 ds. or min?

If LESS than  
1 day hrs.  
or min?

8 OCCUPATION

(a) Trade, profession or particular kind of work Housework  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

Venton Md

## PARENTS

10 NAME OF FATHER

Dant Know

11 BIRTHPLACE OF FATHER

(State or country)

Dant Know

12 MAIDEN NAME OF MOTHER

Jane Pallet.

13 BIRTHPLACE OF MOTHER

(State or country)

Dant Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Armenshastield

(Address)

Venton Md

15

Filed

Oct 1 1931 Mrs. L. Bennett

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 28<sup>d</sup>, 1931.

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from July 1<sup>st</sup>, 1930, to Oct 28<sup>th</sup>, 1931, that I last saw her alive on Oct 28<sup>th</sup>, 1931,

and that death occurred on the date stated above, at 4:30 p.m. The CAUSE OF DEATH \* was as follows:

Senile decay

Contributory Secondary Duration 2 yrs. mos. ds.

Hardening of arteries

(Duration) (Signed) (Address) (Duration) (yrs) (mos) (ds)

(Oct 30, 1931) John T. Ruby, M.D. (Oct 30, 1931) John T. Ruby, M.D.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Venton Md Nov 1, 1931

DATE OF BURIAL

20 UNDERTAKER

James &amp; Dennis Pitman Am. Co.

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcina, Sarcoma, etc., of . . . . . (name origin; "Cancer," is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by camphoric acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

12190

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 261

(119)

Village or City Maryland (No.)2 FULL NAME Viola Denise Hale

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)FemaleCaucasianSingle

6 DATE OF BIRTH

Feb. 23, 1931  
(Month) (Day) (Year)

7 AGE

yrs. 7 mos. 2 ds. If LESS than  
1 day hrs.  
or min.?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Depot  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)Philadelphia Pa.

10 NAME OF FATHER

Wilson Hale

11 BIRTHPLACE OF FATHER

Md.  
(State or country)

12 MAIDEN NAME OF MOTHER

Conni R Snow

13 BIRTHPLACE OF MOTHER

Md.  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Henry Evans

(Address)

Maryland Md.

15 Filed

10/15 1931 Aurelia P. Dawson

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 15, 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from Oct 14, 1931 to Oct 15, 1931,that I last saw her alive on Oct 14, 1931, and that death occurred on the date stated above, at 1 A.M.

The CAUSE OF DEATH \* was as follows:

Anesthetics(Duration) yrs. mos. ds.  
Contributory  
Secondary Calorized Entertainer(Duration) yrs. mos. ds.  
(Signed) George S. Coulton M.D.(Date) Oct 15, 1931 (Address) 101 W. Saratoga St., Baltimore Md.\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Brauch Cemetery DATE OF BURIAL 10/16, 1931

20 UNDERTAKER

John A. Bradshaw ADDRESS Cresfield Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, Colton mill;* (a) *Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Dyer laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service, for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Cervicoma, Sarcoma, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Masles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *scpsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12191

## 1. PLACE OF DEATH

County Somerset

Village or City Crisfield

WITHIN CORPORATE LIMITS OF

Registration Dist. No. 265

St.

Ward

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Hickman or Green

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year) Oct. 26, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or 15 min.
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OCCUPATION <i>None</i>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
<i>None</i>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Crisfield, Md.  
(State or country)

13. NAME Edward Hickman

14. BIRTHPLACE (city or town) Marion, Md.  
(State or country)

15. MAIDEN NAME Lilly Green

16. BIRTHPLACE (city or town) Crisfield, Md.  
(State or country)17. INFORMANT Edward Hickman  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Lawsonia Cem. Date Oct. 26, 193119. UNDERTAKER John G. Anderson  
(Address)20. FILED Oct. 26, 1931 C. E. Collins  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 26  
(Month) (Day), 1931  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from October 26, 1931, October 26, 1931

I last saw him alive on October 26, 1931, death is said to have occurred on the date stated above, at 5:15 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature birth

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *Sared m. Pay ton* M. D.  
(Address) Crisfield, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12192

## 1. PLACE OF DEATH

County SomersetRegistration Dist. No. 268Village or City Ideal Island

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred \_\_\_\_\_ yrs.

No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs.  
mos. \_\_\_\_\_ ds.2. FULL NAME Virginia Handy

(a) Residence: No. \_\_\_\_\_

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>f</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE OF \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) October

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	1	3		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Steward</u>	10. Date deceased last worked at this occupation (month and year)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Maryland

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct - 10 '31  
(Month) (Day), 1931  
(Year)22. I HEREBY CERTIFY, That I attended deceased from from Sept 29, 1931, to Oct 10, 1931.  
I last saw her alive on Oct 9, 1931; death is said to have occurred on the date stated above, at 2:30 A.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Typhoid Fever

Date of onset \_\_\_\_\_

Sept. 9 '31

## Other Contributory Causes of Importance:

13. NAME Samuel Handy14. BIRTHPLACE (city or town)  
(State or country) Maryland15. MAIDEN NAME Berlak Jones16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT Berlak Handy  
(Address) Ideal Island, Md18. BURIAL, CREMATION, OR REMOVAL  
Place Ideal Island Date Oct 11, 193119. UNDERTAKER H. G. Webster  
(Address) Ideal Island, Md20. FILED Oct 10, 1931 Rosa Webster  
Registrar.

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis?

Widal Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Eldon G. Masterson M.D.  
(Address) Princess Anne, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 PLACE OF DEATH  
County Sussex

Village or City Kingston (No.)

2 FULL NAME Hayman

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 COLOR OR RACE or5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Infant

6 DATE OF BIRTH

Oct 116 months Custer, 1981  
(Month) (Day) (Year)

7 AGE

6 months CusterIf LESS than  
1 day hrs.  
ds. or min.?

yrs.

mos.

ds.

8 OCCUPATION

(a) Trade, profession or particular kind of work Infant  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country) Md

10 NAME OF FATHER

Gleason Hayman

11 BIRTHPLACE OF FATHER

(State or country) Md

12 MAIDEN NAME OF MOTHER

Alice Derby

13 BIRTHPLACE OF MOTHER

(State or Country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gleason Hayman(Address) Kingston Dr

15

Filed 10/12 1931 Civilia Dawson  
Registrar

12193

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 261

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

not born Oct 11, 1931

(Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

17 I HEREBY CERTIFY, That I attended the deceased from 192... to 192...,

that I last saw h ..... alive on , 192...,

and that death occurred on the date stated above, at . m.

The CAUSE OF DEATH \* was as follows:

6 months Custer

(Duration) yrs. mos. ds.

Contributory  
Secondary

Post operati

(Duration) /0 yrs. mos. ds.(Signed) George C. Custer M. D.Oct 11 1931 (Address) Kingston Md

\*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Kingston Md

DATE OF BURIAL

10/12, 1931

20 UNDERTAKER

Gleason Hayman

ADDRESS

Kingston Md

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup");

*Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (mere symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12134

## 1. PLACE OF DEATH

County Baltimore

(158)

Registration Dist. No. 260Village or City New Or leans and

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Gen. B. Haywood

(a) Residence: No.

(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Cop</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Sing</u>
--------------------	-----------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

July 15th 1931

7. AGE <u>27</u> Years	Months <u>260</u>	Days <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-------------------	---------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)and13. NAME James Haywood14. BIRTHPLACE (city or town)  
(State or country)and15. MAIDEN NAME Mabel Mills16. BIRTHPLACE (city or town)  
(State or country)and17. INFORMANT Dorothy  
(Address)New Orleans and

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date Oct 6 193119. UNDERTAKER Faylors  
(Address)Brilliantly General A120. FILED 1096, 1931Registrar J. Smith

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 5th  
(Month) (Day)1931  
(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

19 \_\_\_\_\_ to 19 \_\_\_\_\_

I last saw him alive on 19 \_\_\_\_\_; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

This child was born no further information Date of onset  
since & died by accident  
to Dr. Dow who case,  
I can not give any  
information as to cause  
child was sick, refused to  
eat death, doctor says cause  
first she had a cold  
it refused to eat & second  
Name of operator unable to swallow Date of

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

R. Smith (he is a undertaker D.  
(Address) Brilliantly General A1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis NOV 5 1931

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

BUREAU V. S.

Date of onset

July 5, 1927

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

1 week ago

Peritonitis

Date of onset

3 days ago

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Somerset

12195

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 268

St. \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Village or City Chancery (No. ....)

## 2 FULL NAME

Stanley Hoffmann Jr

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Singl

6 DATE OF BIRTH

May ..... 1 ..... 1911  
(Month) (Day) (Year)

7 AGE

20 yrs. .... mos. .... ds. or min.?If LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Maternian  
 (b) General nature of industry business, or establishment in which employed or (employer)

## 9 BIRTHPLACE

(State or country) Md

## 10 NAME OF FATHER

Stanley Hoffmann

## 11 BIRTHPLACE OF FATHER

(State or country) Md

## 12 MAIDEN NAME OF MOTHER

Helen Daniel

## 13 BIRTHPLACE OF MOTHER

(State or Country) Md.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Stanley Hoffmann Jr(Address) Somersett Md15 Filed 10/26 1931 Ross Webster  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 25, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

No attedance 192 to 192,  
that I last saw him alive on 192, 192,and that death occurred on the date stated above, at m.

The CAUSE OF DEATH \* was as follows:

Automobile accident  
Victims head struck concrete  
body causing fatal fracture  
brain concussion (Duration) yr mos ds.Contributory  
SecondaryDrunkenness(Duration) yr mos ds.(Signed) E P Simpson M. D.  
Oct 26 1931 (Address) Chancery\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yr mos ds.In the State yr mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Somersett Md 10-289, 1931

## 20 UNDERTAKER

Fred P. Webster, Island

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-sinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory". (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12196

## 1. PLACE OF DEATH

County Somers 119  
 Village or City Englefield, Md. CITY OR CORPORATE LIMITS OF  
 Length of residence in city or town where death occurred yrs. 4 Registration Dist. No. 263  
St., Ward  
 mos. 2 ds. How long in U.S. if foreign birth? yrs. 0 mos. 0 ds.

## 2. FULL NAME

Horace Edward Hausey  
 (a) Residence: No. 202 W. 4th St. Englefield, Md. St., Ward.  
 (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		

6. DATE OF BIRTH (month, day, and year)	<u>June 23, 1931</u>		
7. AGE	Years <u>4</u>	Months <u>0</u>	Days <u>2</u>
	If LESS than 1 day, ____ hrs. or ____ min.		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<u>not any</u>		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<u>not any</u>		
10. Date deceased last worked at this occupation (month and year)	<u>not any</u>		
	11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country)	<u>Englefield, Md.</u>		
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13. NAME <u>George James Murray</u>			
14. BIRTHPLACE (city or town) (State or country)	<u>Bellevue, Md.</u>		

15. MAIDEN NAME <u>Lucy Hausey</u>			
16. BIRTHPLACE (city or town) (State or country)	<u>Maryland, Md.</u>		

17. INFORMANT <u>Fray Hausey</u> (Address) <u>202 W. 4th St. Englefield, Md.</u>			
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18. BURIAL, CREMATION, OR REMOVAL Place <u>Guaranty</u> Date <u>Oct 27, 1931</u>			
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19. UNDERTAKER <u>John A. Brastan</u> (Address) <u>Englefield, Md.</u>			
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20. FILED <u>Oct. 26, 1931</u> <u>Ceciline</u> Registrar			
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## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 24  
 (Month) 24 (Day) 1931 (Year)

22. HEREBY CERTIFY. That I attended deceased from Oct. 21, 1931 to Oct. 24, 1931. I last saw her alive on Oct. 23, 1931; death is said to have occurred on the date stated above, at 10:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  
Calicitis  
 Date of onset 10/16/31

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Symptoms Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) W. J. Brastan M. D.(Address) Englefield, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12197

## 1. PLACE OF DEATH

County SomersetVillage or City Princess AnneRegistration Dist. No. 260St. Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Walter Henry Jackson(a) Residence: No. Princess Anne, Md. St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE C5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>1931</u>	<u>Ocl-</u>	<u>6th</u>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)Maryland

MOTHER

FATHER

13. NAME Walter Jackson14. BIRTHPLACE (city or town)  
(State or country)Maryland15. MAIDEN NAME Prinie Hoone16. BIRTHPLACE (city or town)  
(State or country)Maryland17. INFORMANT George Jackson  
(Address) Princess Anne, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_\_19. UNDERTAKER  
(Address)20. FILED 10/6, 1931 Dr. P. J. Smith  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct- 6th

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Oct. 6, 1931, to Oct. 6, 1931; death is said

to have occurred on the date stated above, at \_\_\_\_\_.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Stillborn Child

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Eldon F. Masterson M. D.  
(Address) Princess Anne, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	NOV 5 1927	July 5, 1927

Other contributory causes of importance:	VIRSAU V. S.	
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12158

## 1. PLACE OF DEATH

County SussexVillage or City Mt. VernonRegistration Dist. No. 263St. WardLength of residence in city or town where death occurred 16 yrs.mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. mos. 0 ds.2. FULL NAME Dennis F. Jones(a) Residence: No. Brasenham Annex S. Roxie #2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male | 4. COLOR OR RACE Caucasian5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

7. AGE  
Years 14 Months 3 Days 19  
If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Deto. deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)13. NAME Dennis Jones14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME Laura J.16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT Laura Jones  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Vernon Date Sept. 11, 193119. UNDERTAKER Eduard Jones  
(Address)20. FILED Oct. 10, 1931 STEPHEN D. WILLIAMS

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 8, 1931

22. I HEREBY CERTIFY. That I attended deceased from

Sept. 18, 1931 to Oct. 8, 1931I last saw him alive on Oct. 6, 1931; death is said  
to have occurred on the date stated above, et. Oct. 8, 1931.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Obstruction of Intestines

Date of onset

Other Contributory Causes of Importance:

Carditis

Date

Name of operation none Date of Oct. 8, 1931What test confirmed diagnosis? By Cardiologist Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury Oct. 8, 1931

Where did Injury occur?

(Specify city or town, county and State)  
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Steph. D. Williams M. D.  
(Address) Brasenham Annex

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12199

## 1. PLACE OF DEATH

County SomersetVillage or City Crisfield

WITHIN CORPORATE LIMITS OF

No.

Registration Dist. No.

265 St. / Ward

Length of residence in city or town where death occurred 28 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME William H. Landon

(a) Residence: No.

Pine

St. / Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Widowed

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE ofMartha J. Landon

6. DATE OF BIRTH (month, day, end year)

Oct 14 1852

7. AGE

Years  
78Months  
11Days  
19If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Engineer9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.R. R.10. Date deceased last worked at  
this occupation (month and  
year)Retired11. Total time (years)  
spent in this  
occupation 37 1/2

12. BIRTHPLACE (city or town)

(State or country)

CrisfieldMd

## MOTHER FATHER

13. NAME

W. H. Landon

Date of

14. BIRTHPLACE (city or town)

Crisfield

(State or country)

Was there an autopsy?

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)

Crisfield

(State or country)

17. INFORMANT

Oscar Landon

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Crisfield Cemetery Date Oct 6, 1931

19. UNDERTAKER

John J. Brodhead

(Address)

20. FILED

Oct 6 1931 C. E. Collins

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct  
(Month)3  
(Day)1931  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Sept. 24, 1931, to Oct. 3, 1931I last saw him alive on Sept. 3, 1931; death is said to have occurred on the date stated above, at 9 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis  
Cerebral hemorrhage  
Coronary occlusionDate of onset  
Aug. 17, 1931  
Sept. 24, 1931

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Israel W. Peay Jr.  
(Address) Crisfield, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12200

260

## 1. PLACE OF DEATH

County

Somerset

131

Village or City

Princess Anne

Registration Dist. No.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Elizabeth Lankford

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

SEX

4. COLOR OF FACE

Male White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Strick J. Lankford

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

11 LESS than

1 day

hrs.

or min.

92

7

12

## OCCUPATION

12. BIRTHPLACE (city or town)  
(State or country)

## MOTHER / FATHER

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place \_\_\_\_\_ Date Oct 11, 1931

19. UNDERTAKER  
(Address)

20. FILED 10/11/31, 19

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 9, 1931

22. HEREBY CERTIFY. That deceased from

I last saw her alive on Oct 9, 1931; death is said

to have occurred on the date stated above, at 4 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Nephritis

Date of onset  
July 1927

Other Contributory Causes of importance:

Cerebral Hemorrhage

10/8/31

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Catherine F. Lankford  
(Address) 1126 Princess Anne Street

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 5 1931	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	Moy 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

12201

## 1. PLACE OF DEATH

County SomersetVillage or City Craigfield

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

167

Registration Dist. No. 270No. R. F. D. #2St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Albert Garrison(a) Residence: No. R. F. D. #2

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE 91

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

Married5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE ofMrs Hazel H. Garrison6. DATE OF BIRTH (month, day, and year) Jan 6, 19037. AGE 29 Years 9 Months 16 Days If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Falour9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. General10. Date deceased last worked at  
this occupation (month and  
year) 2/1911. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country) Mt. Vernon13. NAME Albert Garrison Sr.14. BIRTHPLACE (city or town)  
(State or country) Cambridge15. MAIDEN NAME Diana Hignett16. BIRTHPLACE (city or town)  
(State or country) Cambridge17. INFORMANT Mrs. Moody Figg(Address) Craigfield18. BURIAL, CREMATION, OR REMOVAL  
Place Garrison Cemetery Date Oct 25, 192119. UNDERTAKER John A. Bradshaw(Address) Craigfield20. FILED Oct. 25, 1931 C. E. Collins

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct32

(Month) (Day)

, 1931 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19

to

, 19

I last saw h. alive on to have occurred on the date stated above, et. m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Was found dead in field.Suicide, gun shot wound of heart.

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Oct 25, 1931Where did Injury occur? near Craigfield

Specify whether injury occurred IN INDUSTRY, IN HOME, or IN PUBLIC PLACE.

In field near CraigfieldManner of injury Automobile PistolNature of injury Gunshot wound S. C.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) C. E. Collins M. D.(Address) Craigfield

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

12202

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County BaltimoreVillage or City Farmhouse

(11)

Registration Dist. No. 264St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Maddey

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)FemaleCopWidow5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofJohn H. Maddey

## 6. DATE OF BIRTH (month, day, and year)

Aug 1<sup>st</sup> 1877

## 7. AGE

Years 87Months 5Days 1If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Midwife9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Housewife10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

## 12. BIRTHPLACE (city or town)

(State or country)

Ind

## MOTHER FATHER

## 13. NAME

John Horsey

## 14. BIRTHPLACE (city or town)

(State or country)

Ind

## 15. MAIDEN NAME

Anna Williams

## 16. BIRTHPLACE (city or town)

(State or country)

Ind

## 17. INFORMANT

Archibald Maddey

(Address)

## 18. BURIAL, CREMATION, OR REMOVAL

Place FarmDate Oct 9, 1931

## 19. UNDERTAKER

(Address)

## 20. FILED

(Address)

John Abrodishen  
G. E. Dickinson  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 6<sup>th</sup>  
(Month) 1931  
(Day) 1931  
(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

19. to 19.

I last saw h. alive on 19. death is said

to have occurred on the date stated above, at 12 noon  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

No. D. son has ear before  
death. Was down with influenza & only had  
a short time afterwords -

Other Contributory Causes of importance:  
Gout gins Cures of death  
other than acute influenza

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_  
 (Signed) G. E. Dickinson M. D.  
 (Address) Opposite Anna and

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

**M** WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
 County Somerset

Village or City Cedartown (No.)

2 FULL NAME Clementine McMechan

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

May 22

(Month)

(Day)

(Year)

7 AGE

73 yrs. 4 mos. 17

If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work Homeservicewife
- (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed

Oct 10 1931

Samuel Scott

Registrar

12293

(131)

STATE OF MARYLAND  
 CERTIFICATE OF DEATH

Registration Dist. No. 262

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 9, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from May 31 to Oct 9, 1931,

that I last saw her alive on Oct 9, 1931,

and that death occurred on the date stated above, at 5:00 a.m.

The CAUSE OF DEATH \* was as follows:

Chronic Int. Hepatitis

Contributory (Duration) yrs. mos. de.  
 Secondary Valvular Heart Disease

(Duration) yrs. mos. de.

(Signed)

J. A. Brown (Address) Salisbury Md.

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

In the State yrs. mos. ds.

19 PLACE OF BURIAL OR REMOVAL 918 Cemetery

DATE OF BURIAL Oct 11, 1931

20 UNDERTAKER George P. Stevenson

ADDRESS Poosomola Rd

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day Laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urticaria," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

WRITE PLEASE WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied  
 CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact  
 statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Somerset

12294

(131)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 264Village or City Upper Fairmont

## 2 FULL NAME

Richard Walter Miles

St. \_\_\_\_\_ Ward)

(If death occurred in  
a hospital or institu-  
tion, give its NAME in-  
stead of street and  
number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5

SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

married

## 6 DATE OF BIRTH

May 10, 1862

(Month)

(Day)

(Year)

## 7 AGE

64 yrs. 5 mos. 11 da. or min. ?If LESS than  
1 day.... hrs.  
da. or min. ?

## 8 OCCUPATION

(a) Trade, profession or  
particular kind of work.....Merchant(b) General nature of industry  
business, or establishment in  
which employed or (employer).....

## 9 BIRTHPLACE

(State or country)

Somerset Co. Md

## 10 NAME OF FATHER

Levin Miles

## 11 BIRTHPLACE OF FATHER

(State or country)

Somerset Co. Md.

## 12 MAIDEN NAME OF MOTHER

(State or country)

Mileah Muir

## 13 BIRTHPLACE OF MOTHER

(State or country)

Somerset Co. Md.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Gerald S. Miles

(Address)

Upper Fairmont

15

Filed

Oct 21 1931G E Dickinson

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

October 21, 1931

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Oct. 12<sup>th</sup> 1931, to Oct. 21<sup>st</sup> 1931,that I last saw him alive on Oct. 21<sup>st</sup> 1931,and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH &amp; was as follows:

Chronic Bright's Disease(Duration) 2 yrs. mos. da.Contributory  
Secondary(Duration) yrs. mos. da.(Signed) Eduard S. Miles M.D.(Address) Upper Fairmont\*State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury; and (2) whether  
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients, or Recent Residents)At place ... yrs. ... mos. ... da.In the  
State, ... yrs. ... mos. ... da.Where was disease contracted,  
if not at place of death?Former or  
usual residence.

## 19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL

Upper Fairmont Oct 24, 1931

## 20 UNDERTAKER

## ADDRESS

John A Bradshaw Crisfield

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foremen*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Houswife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menitis* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state *MANS OR INJURY* and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH 12205

## 1. PLACE OF DEATH

County

Somerset

WITHIN CORPORATE LIMITS OF TOWN

Registration Dist. No. 265

Village or City

Crisfield

St.

Ward

Length of residence in city or town where death occurred

0

yrs.

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: Np.

Troy

(Usual place of abode)

Pearrell

St.

Ward.

Crisfield

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

B

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

S

6. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Oct. 27, 1931

7. AGE

0

Years

0

Months

0

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.

none

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Crisfield  
Maryland

MOTHER

FATHER

13. NAME Andrew Whittington

14. BIRTHPLACE (city or town)  
(State or country)Warren  
Md

15. MAIDEN NAME Ruth Pearrell

16. BIRTHPLACE (city or town)  
(State or country)

Crisfield

17. INFIRMANT

(Address)

Ruth Pearrell  
Crisfield, Md

18. BURIAL, CREMATION, DR REMOVAL

Place

Garrison Cem Oct 29, 1931

19. UNDERTAKER

(Address)

John A. Bradshaw  
Crisfield

20. FILED

Date

Oct. 29, 1931 C. E. Collins

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct  
(Month)27  
(Day)1931  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 27, 1931, to Oct 27, 1931

I last saw her alive on never, 19; death is said  
to have occurred on the date stated above, at 2:45 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Bronchitis

Date of onset

Other Contributory Causes of importance:

Macerated fetus

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 20

If so, specify

(Signed)

Sarah W. Payton  
Crisfield, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County

Somerset

12266

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 270

Village or City

Bridgewater (No.)

2 FULL NAME

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED.  
OR DIVORCED  
(Write the word)

M.

6 DATE OF BIRTH

July 30, 1840

(Month)

(Day)

(Year)

7 AGE

91 yrs. 2 mos. 23 ds. or min.

If LESS than

1 day hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed

Oct. 23, 1931

Registrar

R.F.D #2  
(13)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct. 22, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended the deceased from July 1, 1921, to Oct. 22, 1931,

that I last saw him alive on Oct. 22, 1931,

and that death occurred on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH \* was as follows:

Myocarditis acute  
dilatation of the heart

(Duration) yrs. mos. ds.

Contributory  
Secondary

Cardio-vascular

angl. lym. (Duration) yrs. mos. ds.

(Signed) Chas T. Schuyler M. D.

Oct. 23, 1931 (Address) 606

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Paul's Cemetery Oct. 22, 1931

20 UNDERTAKER

John Bradshaw Oct. 22, 1931

ADDRESS

Caled.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, membranes, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Somerset

12207

WITHIN STATE LIMITS

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 265

Village or City Crisfield (No. 22 Patonae Ave)

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

John Henry Somers

## PERSONAL AND STATISTICAL PARTICULARS

3 BEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

M

W

M

## 6 DATE OF BIRTH

April 5, 1866  
(Month) (Day) (Year)

## 7 AGE

65 yrs. 6 mos. 15 days or min.If LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work seafood packer  
 (b) General nature of industry business, or establishment in which employed or (employer) Crisfield

## 9 BIRTHPLACE

(State or country)

Pen's Island, Maryland

## 10 NAME OF FATHER

John Henry Somers

## 11 BIRTHPLACE OF FATHER

(State or country)

Crisfield, Md.

## 12 MAIDEN NAME OF MOTHER

Mary Adams

## 13 BIRTHPLACE OF MOTHER

(State or Country)

Maryland

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Henry Somers(Address) Crisfield, Md.15 Filed Oct. 20 1931 C. E. Collins

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Oct. 20, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Oct. 19, 1931 to Oct. 20, 1931that I last saw him alive on Oct. 19, 1931, and that death occurred on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH \* was as follows:

Appendicitis Stricken  
After appendicitis(Duration) 2 yrs. m. ds.Contributory  
Secondary(Duration) 3 yrs. m. ds.(Signed) John W. Payton M. D.  
Oct. 20, 1931 (Address) Crisfield, Md.\* State the Disease Causing Death, or In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Norfolk Cemetery

## 20 UNDERTAKER

John Bradshaw ADDRESS Crisfield, Md.

## DATE OF BURIAL

Oct. 22, 1931

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, menses, peritonaeum, etc.*; *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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12208

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County.....

Village or City.....

Somerset  
Crisfield, Md.

(131)

Registration Dist. No.

270

St., Ward

Length of residence in city or town where death occurred

74 yrs.

mos.

ds.

How long in U.S. if foreign birthb?

yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Isaac Sterling

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Aug. 11th 1857

7. AGE

Years

Months

Days

11 LESS than  
1 day hrs.  
or min.

74

one 25

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Oysterman  
Fatching and  
Dealing in Oysters  
about 4 years ago11. Total time (years)  
spent in this  
occupation

Jage

12. BIRTHPLACE (city or town)

(State or country)

Somerset Co., Md.

MOTHER FATHER

13. NAME

Isaac Sterling

14. BIRTHPLACE (city or town)

(State or country)

Somerset Co., Md.

15. MAIDEN NAME

Peggy Majors name not known

16. BIRTHPLACE (city or town)

(State or country)

Somerset Co., Md.

17. INFORMANT

(Address)

Mrs. Isaac Sterling

Crisfield, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Home lot

Date Oct 8th, 1931

19. UNDERTAKER

(Address)

D. D. Lawrence

Crisfield, Md.

20. FILED

(Address)

Oct. 8, 1931 C. E. Collins

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 6  
(Month)  
(Day)1931  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Oct. 4, 1931 to Oct. 6, 1931; death is said

I last saw him alive on Oct. 6, 1931.

to have occurred on the date stated above, at 8:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardio-vascular  
diseaseDate of onset  
Unknown

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Elmer L. Schwartze, M.D.

(Address) Crisfield, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No.

## MARGIN RESERVED FOR BINDING

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

12299

## 1. PLACE OF DEATH

County SomersetVillage or City Crisfield

34

Registration Dist. No.

265

St., Ward

No. Jersey

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 14 mos. 0 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.

## 2. FULL NAME

Isabel Frances Ward(a) Residence: No. Jersey - Crisfield St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

B5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)S5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug. 4, 1930

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.1224

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.House9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)CrisfieldMaryland

13. NAME

Elwood Collins14. BIRTHPLACE (city or town)  
(State or country)CrisfieldMaryland

15. MAIDEN NAME

Isabel Ward16. BIRTHPLACE (city or town)  
(State or country)CrisfieldMaryland

17. INFORMANT

Isabel Ward (mother)

(Address)

Crisfield

18. BURIAL, CREMATION, OR REMOVAL

Place Lawsonia Inn Date Oct 29, 1931

19. UNDERTAKER

John A. Bradshaw

(Address)

Crisfield

20. FILED

Oct. 29, 1931 C. E. Collins

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

oct.

28  
(Month)1931  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Oct. 25, 1931, to Oct. 29, 1931.I last saw her alive on Oct. 27, 1931; death is said to have occurred on the date stated above, at 6:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bad Blood Pressure Aug. 25

Date of onset

Other Contributory Causes of importance:

Congenital Syphilitic  
Rickets

Name of operation

Date of

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Sarah W. Payton M. D.(Address) Crisfield

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	NOV 4 1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL ANATOMY should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County SomersetVillage or City DEALS ISLAND, MD.

## 2 FULL NAME

Lillian E. Webster

12210

(22)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 268

St. \_\_\_\_\_ Ward) \_\_\_\_\_

(if death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Married

6 DATE OF BIRTH

Dec 10, 1883  
(Month) (Day) (Year)

7 AGE

78 yrs. 10 mos. 18 ds.  
If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Hauswife  
 (b) General nature of industry business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE  
(State or country)DEALS ISLAND, MD.

10 NAME OF FATHER

Horatio Webster11 BIRTHPLACE OF FATHER  
(State or country)DEALS ISLAND, MD.

12 MAIDEN NAME OF MOTHER

Corrine Jones13 BIRTHPLACE OF MOTHER  
(State or Country)DEALS ISLAND, MD.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ella Horner

(Address)

DEALS ISLAND, MD.

15

Filed 10/29/29 Rosa Webster  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

OCT 28 1931, 192

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from July 1921 to Oct 28, 1931.that I last saw her alive on Oct 28, 1931, and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH \* was as follows:

Pul. Tuberculosis

(Duration) yrs. mos. ds.

Contributory  
SecondaryEmaciation and  
Exhaustion

(Duration) yrs. mos. ds.

(Signed) E. P. Garrison M. D.(Address) CHANCE, MD.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Deals Island

DATE OF BURIAL

10-30, 1931

20 UNDERTAKER

Fred P. Webster

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

~~1. PLACE OF DEATH~~  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.  
 CANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Somersetnear Cotting (No.)

## 2 FULL NAME

Blanche Wilson

12211

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 262

(120)

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

C.5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word)MARRIED

6 DATE OF BIRTH

Dont know, 1  
(Month) (Day) (Year)

7 AGE

Dont know  
40 yrs.If LESS than  
1 day hrs.  
ds. or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)9 BIRTHPLACE  
(State or country)unknown10 NAME OF  
FATHERDont know11 BIRTHPLACE  
OF FATHER  
(State or country)12 MAIDEN NAME  
OF MOTHERDont know13 BIRTHPLACE  
OF MOTHER  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Henrietta Gunter

(Address)

Westover

15 Filed

Oct 22 1921Samuel Scott

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 21 1921  
(Month) 21 (Day) 1921 (Year)17 I HEREBY CERTIFY, That I attended the deceased from  
Oct 20 1921 to Oct 20 1921,that I last saw her alive on Oct 20, 1921, and that death occurred on the date stated above, at 9 P.M.

The CAUSE OF DEATH \* was as follows:

Dont know  
no further information can be given  
Probably diseaseType of hypertrophy: (Duration) 1 yrs. 1 mos. 0 ds.Contributory gastro  
Secondary cysto.  
(Duration) 3 weeks yrs. 0 mos. 0 ds.(Signed) M. E. Saratoga M. D.  
(Address) Pocomoke City\*State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 0 yrs. 0 mos. 0 ds.In the State 0 yrs. 0 mos. 0 ds.Where was disease contracted,  
if not at place of death?Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Christ M. E. Cemetery

## DATE OF BURIAL

Oct 23, 1921

## 20 UNDERTAKER

Ballard Bros.

## ADDRESS

Pocomoke

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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